

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744452** (4)
1. Corporation Name
ANDY ANDERSON POST #125, AMERICAN LEGION, INC.



Principal Place of Business: **6440 5TH AVE S ST PETERSBURG FL 33707-2333**
Mailing Address: **6440 5TH AVE S ST PETERSBURG FL 33707-2333**

3. Date incorporated or Qualified: **10/03/1978**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **59-6136756**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**LOVELL, EARL F
7011 DARTMOUTH AVE N
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81. Name: **LOVELL, EARL F.**
82. Street Address (P.O. Box Number is Not Acceptable): **5609 - 21 Ave, S.**
83.
84. City: **Gulfport** FL 85. Zip Code: **33707**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURHANS, LAWRENCE	1.2 NAME	
STREET ADDRESS	6319 4TH AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, ROGER	2.2 NAME	
STREET ADDRESS	31022 BEECH BLVD S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, WILLIAM	3.2 NAME	
STREET ADDRESS	6266 1ST AVE S #15	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, EARL	4.2 NAME	
STREET ADDRESS	7011 DARTMOUTH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, ROBERT C	5.2 NAME	
STREET ADDRESS	7108 CENTRAL AVE NO 3	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, DONALD	6.2 NAME	
STREET ADDRESS	4211 BURLINGTON AVENUE N	6.3 STREET ADDRESS	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES Q. MORRISON** (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5-6-96 Date
(813) 343-4147 Daytime Phone #

CR2E037 (12/95)